

G L O B A L A E R O S P A C E

APPLICATION FOR HELICOPTER HULL AND LIABILITY INSURANCE



(Check which is desired) A QUOTATION INSURANCE POLICY RENEWAL POLICY

NAME OF APPLICANT _____

ADDRESS _____

BUSINESS OR OCCUPATION OF APPLICANT _____

APPLICANT IS: INDIVIDUAL(S) CORPORATION PARTNERSHIP OTHER _____

INSURANCE IS REQUESTED FROM 12:01 A.M. _____ 20_____ to 12:01 A.M. _____ 20_____

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
<input type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers - <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$ Each Passenger	\$
<input type="checkbox"/> OTHER LIABILITY _____	\$	\$
<input type="checkbox"/> MEDICAL EXPENSE Crew - <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$ Each Person	

Physical Damage Coverage
AMOUNT OF HULL INSURANCE Aircraft 1. \$ _____ Aircraft 2. \$ _____
DEDUCTIBLES <input type="checkbox"/> \$ <input type="checkbox"/> % Rotors not in motion: _____ Rotors in motion: _____

Aircraft	FAA REGISTRATION NUMBER	SEATING CAPACITY		PURCHASED		PRICE PAID BY APPLICANT (INCLUDING EXTRAS)	PRESENT ESTIMATED VALUE (INCL. EXTRAS)	ENGINE HRS. SINCE NEW OR SINCE LAST MAJOR OVERHAUL	NO. OF HOURS FLOWN LAST 12 MOS.	EST. FLIGHT HOURS NEXT 12 MOS.
		CREW	PASS	NEW OR USED	Date					
1. Year, Make and Model _____										
2. _____										

Description of special or extra equipment installed on aircraft and spares inventory

Aircraft 1. _____ Value \$ _____

Aircraft 2. _____ Value \$ _____

Spare parts inventory _____ Value \$ _____

APPLICANT IS: Sole owner Owner subject to mortgage or conditional sales contract Lessee Other - explain _____

If aircraft is encumbered, name and address of lienholder or lessor _____

Amount of encumbrance (excluding interest and finance charges) \$ _____ Will Breach of Warranty Coverage be required by lienholder? Yes No

AIRCRAFT USE: CHECK USE(S) TO WHICH POLICY IS TO APPLY:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Pleasure (Non-Professional Pilots) | <input type="checkbox"/> Instruction - Pilot Upgrade | <input type="checkbox"/> Search and Rescue | <input type="checkbox"/> External Load - Slung Cargo |
| <input type="checkbox"/> Business (Non-Professional Pilots) | <input type="checkbox"/> Charter <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo | <input type="checkbox"/> Patrol Flights (describe below) | <input type="checkbox"/> Pole/Inflight Pick Up and Delivery |
| <input type="checkbox"/> Corporate - Executive (Flown by professional pilots hired for this purpose) | <input type="checkbox"/> Air Ambulance, Medvac | <input type="checkbox"/> Slash Burning | <input type="checkbox"/> Logging |
| <input type="checkbox"/> Instruction - Initial | <input type="checkbox"/> Police Operations | <input type="checkbox"/> Fire Control, Water Bucket, Fire Support | <input type="checkbox"/> Heliskiing |
| <input type="checkbox"/> Instruction - Check-out | <input type="checkbox"/> Traffic Watch or News | <input type="checkbox"/> Crop Dusting, Spraying, Seeding | |
| | <input type="checkbox"/> Other Uses Not Listed: _____ | | |

Is Airworthiness Certificate other than standard? Yes No If yes, explain _____

Is engine being operated beyond TBO? Yes No If yes, explain _____

Aircraft usually based at _____ (Name of Home Airport or Heliport) Hangared? Yes No

If private heliport, describe facilities and security: _____

Are landing sites not approved by the FAA used? _____ If yes, how often? _____ Identify sites _____

Are building top landing pads used? _____ If yes, how often? _____ Give location and description _____

Areas of Operation: _____ FAR licenses held: _____

Are floats installed? _____ Percentage of time: _____ Value: _____

Are flights at night contemplated? _____ How frequently? _____ Are landing sites lighted? _____

Who performs maintenance? _____

Pilots: COMPLETE THIS SECTION (INCLUDING ITEMS 1-9. BELOW) FOR EVERY PILOT WHO WILL OPERATE AN AIRCRAFT DURING THE POLICY TERM UNLESS A PILOT QUESTIONNAIRE IS COMPLETED BY THE PILOT.

NAME OF PILOT	Date of Birth	Helicopter Certificate and Ratings					Medical Certificate		Pilot in Command Hours - Logged					Estimated helicopter flight hours next 12 mos.:
		Pvt.	Cm1	IFR	ATP	Type Ratings (List)	Date of Last Physical	Class	Helicopter					
									Total All Aircraft	Total Recip.	Total Turbine	In Model To Be Insured	Total Last 12 Months	
1.														
2.														
3.														
4.														

- Has the pilot successfully completed the manufacturer's approved pilot's ground and flight training school for any helicopter? (Yes or No) Specify make and model: _____ Date: _____
- Does the pilot participate in a formal recurrent training program? (Yes or No)*
- Was pilot's original rotorcraft rating obtained through the military? (Yes or No)
- Does the pilot have any physical impairments? (Yes or No)*
- Does the pilot have any waivers, restrictions, limitations or conditions attached to your medical certificate? (Yes or No)*
- Has any pilot's FAA, Transport Canada, military or other pilot certificate ever been suspended or revoked? (Yes or No)*
- Has any pilot ever been cited for any violation of any aviation regulation in any country? (Yes or No)*
- Has any pilot ever been involved in any aircraft accident? (Yes or No)*
- Has any pilot ever been convicted or pleaded guilty to a felony or driving while intoxicated? (Yes or No)*

PILOT	1	2	3	4

Explain all "yes" answers to these questions: _____

Member of NBAA? Yes No Type Membership: Corporate Business Associate
 HAI? Yes No

Name of last aviation insurance carrier (if none so state) _____
 To the Applicant's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of, any aircraft owned by or in the custody of the Applicant except: _____

Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots names herein in regard to any type of insurance? _____
 If so, explain _____

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date _____ Applicant's Signature(s) _____

THIS QUESTIONNAIRE DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.

Name of Agent or Broker **William J. Grohs Aviation, Inc.**
 Address **Waterbury-Oxford Airport - Tower Building - Oxford, CT 06478**
 Broker Agent Global Aerospace Member insurance company in which agency license held _____
 Are you the holding producer? Yes No For how many years? _____